

Fig. 1

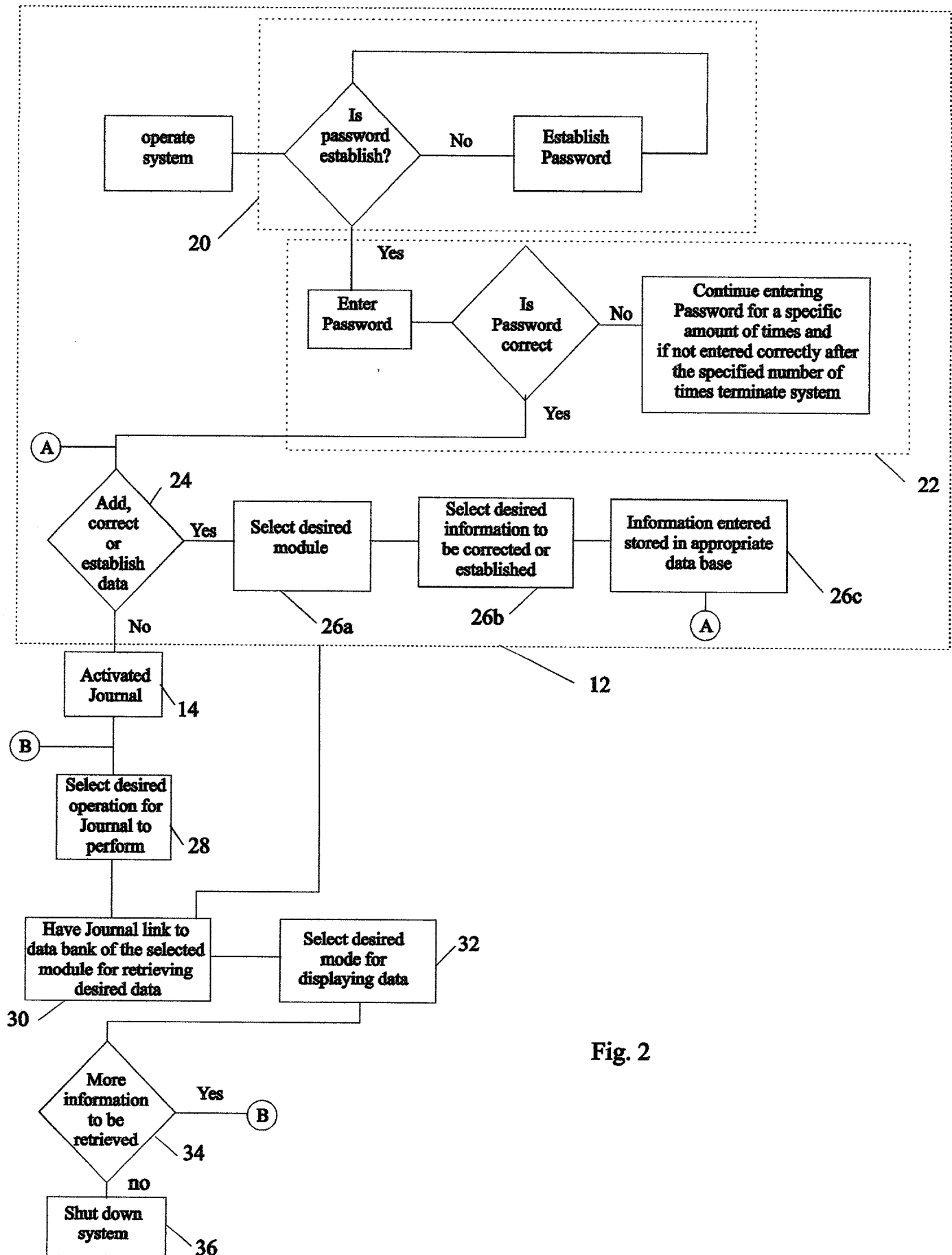


Fig. 2

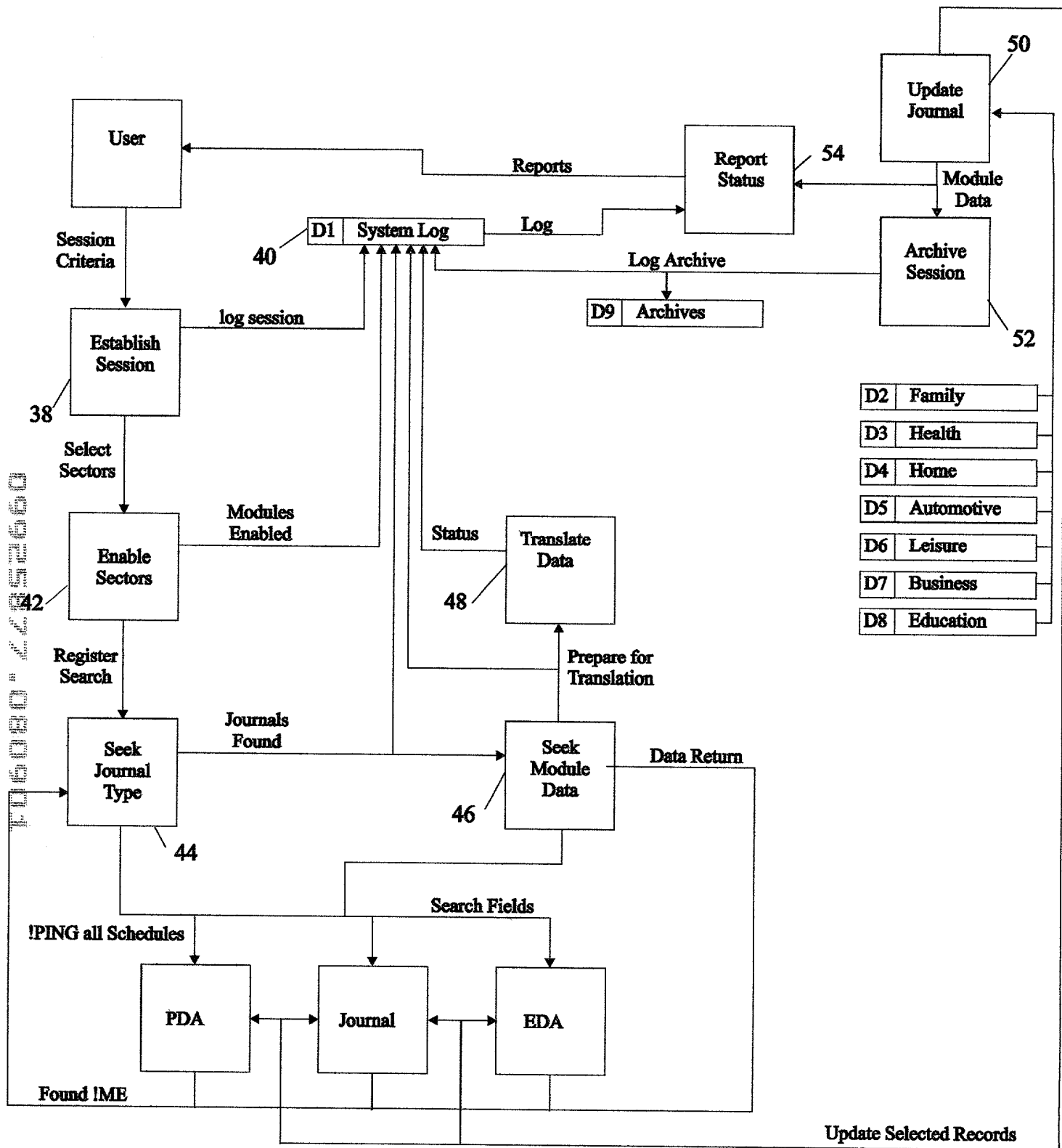


Figure3

Personal/Family/Friends

Name: _____
(Last) (First) (M.I.)

Relationship _____

Address: _____
(Street)

(Apt./Bldg.)

(City) (State) (Zip)

Work/School Telephone Number: _____

Address of Work/School: _____

Home Telephone Number: _____

Home Fax Number: _____

Work/School Fax Number: _____

Mobile Number: _____

E-mail address at Work/School _____

E-mail address at Home: _____

Contact Person at Work/School: _____

Title of Contact Person at Work/School: _____

Additional Contact Personnel: ☐ Yes ☐ No

Special Interest of individual: _____

Date of Birth: _____

Advance Reminder of Birthday: ☐ Yes ☐ No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

To Do List for Special event/Birthday: _____

Additional items for the to do list: ☐ Yes ☐ No

Fig. 4a

56a

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Personal/Family/Friends

Friends/Associates/Businesses/Caterer to contact for event

Name: _____
(Last) (First) (M.I.)

Relationship/Title _____

Address: _____
(Street)

(Apt./Bdlg.)

(City) (State) (Zip)

Others Associated with Special Event : ☐ Yes ☐ No

Dates of Other Special events: _____

Advance Reminder of Special Event: ☐ Yes ☐ No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

To Do List for Special event: _____

Additional items for the to do list: ☐ Yes ☐ No

Friends/Associates/Businesses/Caterer to contact for event ☐ Yes ☐ No

Name: _____
(Last) (First) (M.I.)

Relationship/Title _____

Address: _____
(Street)

(Apt./Bdlg.)

(City) (State) (Zip)

Others Associated with Special Event : ☐ Yes ☐ No

Other Special Events: ☐ Yes ☐ No

Fig. 4b

56a

Personal/Family/Friends

Reason for Appointment: _____

Date of Appointment: _____

Appointment with (Name): _____

Pertinent Address for Appointment _____

Telephone for Appointment: _____

Fax for Appointment: _____

E-mail for Appointment: _____

Advance Reminder of Appointment: ☐ Yes ☐ No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

Additional Appointment: ☐ Yes ☐ No

Groups/ Associations _____

Contact Person at Group/Association: _____

Title of Contact Person at Group/Association: _____

Address: _____

Telephone Number of Contact Person: _____

Additional Contact Personnel: ☐ Yes ☐ No

Member of Group/Association: _____

Address: _____

Telephone Number of Member _____

Additional Member: ☐ Yes ☐ No

To do: _____

Additional Items to be added to The To Do List:

☐ Yes ☐ No

Fig. 4c

Health Care Provider: _____

Health Care Provider's Speciality: _____

Address: _____

Telephone Number: _____

Fax Number: _____

E-mail address: _____

Office Personnel: _____

Title of Office Personnel: _____

Telephone Number of Office Personal: _____

Fax Number of Office Personal: _____

Additional Office Personal: ☐ Yes ☐ No

Billing Information: _____

Additional Physician: ☐ Yes ☐ No

Height: _____ Weight: _____

Blood Pressure: _____

Cholesterol: _____

Other: _____

Other Vital Statistics: ☐ Yes ☐ No

Fig. 5a

56b

Medication: _____

Reason for taking Medication: _____

Length of Time for Prescription: _____ days
_____ weeks
_____ months

Amount Taken: _____ pills per day.

Daily Intervals: _____ pills every _____ hours

Number of pills left after taking today's dose: _____

Advance Reminder for Refill of Medication: ☐ Yes ☐ No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

Additional Medication ☐ Yes ☐ No

Fig. 5b

56b

Health and Nutrition

FIG. 5c

Date of Appointment: _____

Purpose of Appointment _____

Pertinent Address for Appointment _____

Telephone for Appointment: _____

Fax for Appointment: _____

E-mail for Appointment: _____

Purpose of Appointment _____

Advance Reminder of Appointment: ☐ Yes ☐ No

Remind on: _____ days in advance

_____ weeks in advance

_____ months in advance

Regular Visit (annual, monthly, biweekly, weekly appointment) ☐ Yes ☐ No

Regular visits occur every: _____ days

_____ weeks

_____ months

Re-Scheduling Needed of Regular Visit ☐ Yes ☐ No

Re-Schedule appointment _____ days in advance.

_____ weeks

_____ months

Additional Appointment: ☐ Yes ☐ No

Fig. 5c

56b

Home and Yard Maintenance

Inspection/Appointments Needed For Home or Item or Equipment needing Maintenance (i.e. termite inspection, heating/cooling maintenance): _____

Date of Inspection/Appointment: _____

Address for Company Conducting Inspection/Appointment:

Telephone for Appointment: _____

Fax for Appointment: _____

E-mail for Appointment: _____

Advance Reminder of Appointment: ☐ Yes ☐ No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

Regular Visit (annual, monthly, biweekly, weekly appointment) ☐ Yes ☐ No

Regular visits occur every: _____ days
_____ weeks
_____ months

Re-Scheduling Needed of Regular Visit ☐ Yes ☐ No

Re-Schedule appointment _____ days in advance.
_____ weeks
_____ months

Additional Appointment/Inspection or item or equipment needing maintenance: ☐ Yes ☐ No

Fig. 6

56c

Vehicle Planning

Inspection/Service Needed For Vehicle or

Service provided for vehicle: _____

Date of Service/Appointment: _____

Mileage of Vehicle _____

Date Mileage was taken _____

Address for Company Performing Inspection/Appointment:

Telephone for Appointment: _____

Fax for Appointment: _____

E-mail for Appointment: _____

Advance Reminder of Appointment/Service: ☐ Yes ☐ No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

Regular Visit (annual, monthly, biweekly, weekly appointment) ☐ Yes ☐ No

Regular visits occur every: _____ days
_____ weeks
_____ months

Re-Scheduling Needed of Regular Visit ☐ Yes ☐ No

Re-Schedule appointment _____ days in advance.
_____ weeks
_____ months

Additional Appointment/Inspection or item or equipment needing maintenance: ☐ Yes ☐ No

56d

Fig. 7

Entertainment/Recreational/Vacation

Date(s) of Event/Vacation: _____

Place of Event/Vacation _____

Pertinent Address for Event/Vacation _____

Telephone for Event/Vacation: _____

Fax for Event/Vacation: _____

E-mail for Event/Vacation: _____

Purpose of Appointment _____

Advance Reminder of Event/Vacation: ☐ Yes ☐ No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

To Do List for Vacation: _____

Additional items for the to do list: ☐ Yes ☐ No

Regular Event/Vacation/Retreat (annual, monthly, biweekly, weekly appointment)

Regular Event/Vacation/Retreat occur every:

_____ days
_____ weeks
_____ months

Re-Scheduling/Recipitate ☐ Yes ☐ No

Re-Schedule event _____ days in advance.
_____ weeks
_____ months

Remind of re-scheduling/recipitation on: _____ days in advance
_____ weeks in advance
_____ months in advance

Fig. 8

56e

Business/Professional

Name: _____
(Last) (First) (M.I)

Title _____

Address: _____
(Street)

(Apt./Bdlg.)

(City) (State) (Zip)

Work Telephone Number: _____

Address of School: _____

Home Telephone Number: _____

Home Fax Number: _____

Work Fax Number: _____

Mobile Number: _____

E-mail address at Work _____

E-mail address at Home: _____

Contact Person at Work: _____

Title of Contact Person at Work: _____

Additional Contact Personnel: ☐ Yes ☐ No

Date of Meeting/Conference: _____

Reason for meeting/Conference: _____

Advance Reminder of Meeting/Conference: ☐ Yes ☐ No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

Regular meeting/conference(annual, monthly, biweekly, weekly appointment)

☐ Yes ☐ No

Regular meeting/conference occur every: _____ days
_____ weeks
_____ months

Re-Scheduling Needed of Regular Meeting/Conference ☐ Yes ☐ No

Re-Schedule Meeting/Conference _____ days in advance.
_____ weeks
_____ months

Fig. 9a

Education/Sports/Extra-curricular Activities

Student _____
(Last) (First) (M.I)

Relationship _____

Address: _____
(Street)

(Apt./Bdlg.)

(City) (State) (Zip)

School Telephone Number: _____

Address of School: _____

Student's Telephone Number: _____

Student's Fax Number: _____

Student's Mobile Number: _____

E-mail address Of Student _____

Fax Number of School _____

E-mail address at School _____

Student's Teacher Name: _____

Subject teaching _____

Additional Teachers: ☐ Yes ☐ No

Recreational Activity _____

Daily Scheduling of Recreational Activity ☐ Yes ☐ No

Scheduling occurs at _____ every _____

Advance Reminder of Recreational Activity: ☐ Yes ☐ No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

Additional Activities: ☐ Yes ☐ No

Date of a meeting Pertinent to Student: _____

Reason for meeting _____

Advance Reminder of Meeting: ☐ Yes ☐ No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

Additional Meetings: ☐ Yes ☐ No

Additional Students: ☐ Yes ☐ No

Fig. 10

To Do List for Meeting/Conference: _____

Date of Report/Presentation: _____

Reason/Title for Report/Presentation: _____

Advance Reminder of Due date for Report/Presentation: ☐ Yes ☐ No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

Regular Report/Presentation(annual, monthly, biweekly, weekly appointment)
☐ Yes ☐ No

Regular Report/Presentation occur every: _____ days
_____ weeks
_____ months

Re-Scheduling Needed of Regular Report/Presentation ☐ Yes ☐ No

Re-Schedule Report/Presentation _____ days in advance.
_____ weeks
_____ months

To Do List for Report/Presentation: _____

Additional Report/Presentation: ☐ Yes ☐ No

Fig. 9b

56h

Welcome, please enter your identification code:

Fig. 11

60

Please identify what you wish to accomplish:

- ☐ Retrieve daily calendar
- ☐ Retrieve weekly calendar
- ☐ Retrieve monthly calendar
- ☐ other

Fig. 12

62

Enter days needed:

Month (Day) From To Year

Print yes no

Fig. 13

64

Activity to Perform:

- ☐ Add data
- ☐ Correct, change or delete data
- ☐ Retrieve address/phone numbers
- ☐ Retrieve Birth dates/Special Event
- ☐ Retrieve specific data on self/spouse/sibling/family/friends
- ☐ Appointment information
- ☐ Specific "To Do List"

Type in item needed

Fig. 15

66

Type in module name

Fig. 16

68

FD-5030-2852650

Daily Events		Date:
		Weekday:
Hour	Appointment	
8 AM		
9 AM		
10AM		
11 AM		
Noon		
1 PM		
2 PM		
3 PM		
4 PM		
5 PM		
6 PM		
7 PM		
8 PM		
Notes:		

Fig. 14

Date of Appointment:

Jan. 2, 2002

Fig. 17

70

Person/Place of appointment:

Dr. John Smith

Fig. 18

72

Purpose of Appointment

Physical

Fig. 19

74

Advance Reminder of Appointment: ☒ Yes

☐ No

Fig. 20

76

Remind on:

days in advance

weeks in advance

months in advance

Fig. 21

78

Regular Visit (annual, monthly, biweekly, weekly appointment) ☒ Yes ☐ No

Fig. 22

80

Regular visits occur every: ☐ days
☐ weeks
☐ 12 months

Fig. 23

82

Re-Scheduling Needed of Regular Visit ☒ Yes ☐ No

Fig. 24

84

Re-Schedule appointment ☐ days
☐ weeks
☐ 3 months in advance.

Fig. 25

86

Additional Appointment: ☐ Yes ☒ No

Fig. 26

88

Go to main Menu ☐ Yes ☒ No

Fig. 27

90

Exit Time Management System: ☒ Yes ☐ No

Fig. 28

92

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